PATENT
Q147-US2IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Hisashi Tsukamoto et al.

Serial No: 10/718,927

Filed: November 19, 2003

For: IMPLANTABLE MEDICAL POWER
MODULE

Art Unit: 2838

Examiner: Edward H. Tso

CERTIFICATE OF MAILING VIA EXPRESS MAIL (37 CFR 1.10)

Express Mail No.: EL993198489US

Dated: July 21, 2005

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that the following attached documents are being deposited with the United States Postal Service for "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1. Transmittal Letter
2. Fee Transmittal Letter (in duplicate)
3. Amendment and Request for Reconsideration
4. Terminal Disclaimer (in duplicate)
5. IDS, PTO Form 1449 and copies of cited references
6. Form PTO-2038, credit card authorization
7. Self addressed stamped postcard

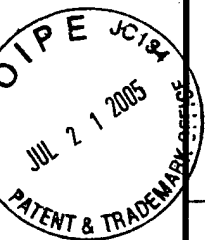
July 21, 2005

Date of Deposit

Lisa K. Robbins

Name of Person Mailing paper or fee

Signature



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Application Number	10/718,927
	Filing Date	November 19, 2003
	First Named Inventor	Hisashi Tsukamoto et al.
	Group Art Unit	2838
	Examiner Name	Edward Tso
	Attorney Docket Number	Q147-US2

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	Assignment Papers (for an Application)	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): <div></div>
<input type="checkbox"/> Fee Authorized	Drawing(s)	
<input checked="" type="checkbox"/> Amendment	Licensing-related Papers	
After Final	Petition to Convert to a Provisional Application	
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	
Extension of Time Request	<input checked="" type="checkbox"/> Terminal Disclaimer	
Express Abandonment Request	Request for Refund	
<input checked="" type="checkbox"/> Information Disclosure Statement	CD, Number of CD(s) _____	
Certified Copy of Priority Document(s)	Remarks	
Response to Missing Parts/ Incomplete Application		
Response to Missing Parts under 37 CFR 1.52 or 1.53		

Customer Number or Bar Code Label

31815

(Insert Customer No. or Attach bar code label here)


The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 7/21/2005

Phone: (818) 833-2014
Fax: (818) 833-2065

By:


Travis Dodd
Attorneys for Applicant(s)
P.O. Box 923127
Sylmar, CA 91392-3127

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail
In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date: _____

Typed or printed name

TRAVIS DODD

Signature

Date



FEE TRANSMITTAL

Attorney Docket No.	Q147-US2
First Named Inventor:	Hisashi Tsukamoto et al.
Application Number	10/718,927
Filing Date:	November 19, 2003
Examiner Name:	Edward H. Tso
Group/Art Unit:	2838

TOTAL AMOUNT OF PAYMENT:	\$ 245.00
METHOD OF PAYMENT (check One)	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other – Credit Card


2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 300.00	\$150.00	\$.00
Total Claims	27 - 70 =	0	X \$ 50.00	X \$ 25.00	\$.00
Independent Claims	3 - 7 =	0	X \$ 200.00	X \$ 100.00	\$.00
Multiple Dependent Claim(s) (if applicable)			\$ 360.00	\$180.00	\$.00
Total of above Calculations =					\$.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 200.00	\$ 100.00	\$ 000.00
Reissue filing fee	\$ 300.00	\$ 150.00	\$ 0.00
Provisional filing fee	\$ 200.00	\$ 100.00	\$ 00.00
Total of above Calculations =			\$ 00.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Terminal Disclaimer	\$	\$	\$65.00
Information Disclosure Statement	\$	\$	\$180.00
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$245.00

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	7/21/2005